FORM D



SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

925660

OMB APPROVAL
OMB Number: 323

Expires: May 31, 2005
Estimated average burden

hours per response. 16.00

SEC USE ONLY								
Prefix		Serial						
DA	DATE RECEIVED							

UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering (check if this is an amondment and name has changed, and indicate change.) Flexpoint Sensor Systems, Inc.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOF
Type of Filing: New Filing XX Amendment
A. BASIC IDENTIFICATION DATA ADD 1.4 2006
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Flexpoint Sensor Systems, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
106 Business Park Drive, Draper UT 84020 (901) 568-5111
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Design, engineer and manufacture bend sensor technology
and equipment using a flexible potentiometer technology.
Type of Business Organization PROCESSFI
XX corporation limited partnership, stready formed other (please specify):
business trust limited partnership, to be formed / ADD 3 2 2005
Month Year APR 2 2 2005
Actual of Estimated Date of Incorporation or Organization: THOMSON Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: THOMSON
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 770(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be monually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filling Fee: There is no federal filing fee,
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a Each executive officer and director of corporate issuers and of corporate general and managing partners of pa Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter XX Beneficial Owner Executive Officer Director	General and/or Managing Portner
First Equity Holdings Comp. Full Name (Last name first if individual) 2157 Lincoln Street, Salt Lake City, UT 84106 Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner XX Executive Officer Director Sindt, John A. Full Name (Last name first, if individual)	General and/or Managing Partner
4 Northridge Way, Sandy, UT 84106 Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner XX Executive Officer XX Director	General and/or Managing Partner
Full Name (Last name first, if individual) 5509 Mountain View Drive, Mountain Green, UT 84050 Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(vs) that Apply: Promoter Beneficial Owner Executive Officer Director Gill, Ruland J., Jr. Full Name (Last name first, if individual)	General and/or Managing Partner
532 Heritage Drive, Bountiful, UT 84010 Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if Individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Pull Name (Last name first; if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
full Name (Lust name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

				B. 1	NFORMAT	ION ABOU	T OFFER	ING				
1. Has	the issuer so	id or does t	he issuer i	ntend to se	di to non-s	accendited	investors i	n thic affai	ring?		Yes □	No.
1, 1100	VII.0 100001 00	10, 01 0003			n Appendix				-	4144444444	•• —	45-4.
2. Wh	at is the mini	mum investi					_				c 1 5	,000
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3. Doe	s the offering	, permit joir	t ownersh	ip of a sing	gle unit?		,,4.41622002222			**********	Yes ·· ∑	No □
	er the informa										230	
¢om	mission or sir	nilar remune	eration for	solicitation	ofpurchas	ers in conn	ection with	sales of se	curities in	he offering	g.	
	person to be li lates, list the r											
	oker or deale								, - 1,	0110 01 000		
	ne (Last name					·						
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	or Residence				-							
Name of	O_East_ Associated B	400 Sc	uth,	Salt 1	Lake C	ity.	UT 841					
r-wite of	71000710104 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	J				·	
(Ch	eck "All State	s" or ebeck	individua	l States)		*************	*********				. 🔲 A	Il States
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Business	or Residenc	e Address (Number an	d Street, C	Ity, State.	Zip Code)			•			
					A							
Name of	Associated B	sroker or De	aler									
States in	Which Perso	n Listed Ha	s Solicited	or intends	to Solicit	Purchasers				· <u>· · · · · · · · · · · · · · · · · · </u>		
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Business	or Residenc	c Address ()	Number an	d Street. C	ity. State.	Zip Code)						
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Name of	Associated B	roker or De	aler	-								
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	Which Perso											
(Che	ck "All State	s" or check	ındividual	States)	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************		*************	vi	l States
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RI	SC	SD	TN	TX	UT	VT	VA	WA	$[\overline{WV}]$	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	۲				
	Type of Security		iggregate fering Pri		An	nount Already Sold
	Debt	\$	0		\$	0
	Equity	\$ 4	,725	,00		
	Common Preferred	-				
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	S	0		\$	0
	Other (Specify)	\$	0	 _	\$	0
	Total	s_4	,725	00	Q _{\$_} 4	1,254,50
	Answer also in Appendix, Column 3, if filing under ULOE,				•	
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors.	י ו 1	Number nvestors 54		C	Aggregate ollar Amount of Purchases 1,254,50
	• • • • • • • • • • • • • • • • • • • •			 .		
	Non-accredited Investors		0 ' 54	_	\$_ ~ /	0 1,254,50
	Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.		77		2.	1,434,3
۱.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering	S	Type of ccurity		D	ollar Amount Sold
	Rule 505			_	\$_	
	Regulation A				\$_	
	Rule 504				\$_	
	Total				\$_	
Ļ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,				
	Transfer Agent's Fees					2.350
	Printing and Engraving Costs				s_1	.,650
	Legal Fees				\$_2	26,000
	Accounting Fees	. , , , , , , ,			\$	
	Engineering Fees					
	Sales Commissions (specify finders' fees separately)				S_3	340,360
	Other Expenses (identify)	,,,,,,,			S	370,360
	Total				\$_=	370,360

	C. OFFERING PRICE, NUM	iber of investors, expenses and use	of proceeds	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer,"	- Question 4.a. This difference is the "adjusted g	ross	\$3,854,192
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate If the payments listed must equal the adjusted g	and	
			Payments to	
			Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************	🗆 \$	
	Purchase of real estate		🗀 \$	s
	Purchase, rental or leasing and installation of mad and equipment			
	Construction or leasing of plant buildings and fac-	ilities	🗀 S	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	els or securities of another	🎵 \$	□\$
	Repayment of indebtedness			
	Working capital	•••••••••••••••••••••••••••••••••••••••		$_{\Box}$ \$ 2,430,14
	Other (specify): QS-9000 Costs		[]\$	324,00
		, ,	 	ss
	Column Totals	· ««««««««««««««««««««««««««««««««««««	[] \$	s 3,854,14
	Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] \$ <u>3</u>	<u>,854,1</u> 42
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Con	amission, upon writte	
55	uer (Print or Type)	Signature / h	Date	
	lexpoint Sensor Systems, I	no and Mouse		2005
٧a	me of Signer (Print or Type)	Title of Signer (Frint of Type)	- A A - A - A - A - A - A - A - A - A -	
Ċ.	lark M. Mower	President and CEO		
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- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	ls any party described in 17 CFR 230.262 pro provisions of such rule?		
	Sec 1	Appendix. Column 5, for state respon	sc.
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	•	state in which this notice is filed a notice on Per
3.	The undersigned issuer hereby undertakes to tissuer to offerees.	furnish to the state administrators, up	on written request, information furnished by the
4.		te in which this notice is filed and und	derstands that the issuer claiming the availabili
	uer has read this notification and knows the content thorized person.	nts to be true and has duly caused this n	otice to be signed on its behalf by the undersign
ssuer ((Print or Type)	Signature	Date
Flex	xpoint Sensor Systems, In	6/ Sull/MILDIN	April 7, 2005
Name (Print or Type)	Pitte (Print or Type)	
		President and CEO	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
	Intendition to non-a	I to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				S lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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	APPENDIX										
1	Intendate to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 finvestor and rehased in State C-Item 2)		under Sta (if yes, explana waiver	lification ate ULOE		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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				APP	ENDIX										
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	to non-a	Type of security and aggregate onn-accredited offering price estors in State offcred in state art B-Item 1) (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)										
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No						
WY								,							
PR								;							